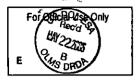
U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

/1 /2005 Through 12/31 /2001

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



3 Name and address of person filing

1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

4 Name file number and address of labor organization

Name FREDRICK BOSMA	Name BRICKLAKERS LOCAL =9
	Labor Organization File Number 537-376
PO Box Bidg Room No If any	P O Box Building and Room Number if any
Street 3321 REMY DRIVE	Street 332/ REMY URIVE
city LANSING	City LAWSING
State M1 ZIP Code + 4 H906	State M/ ZIP Code + 4 48506
5 Position in labor organization FIED ACT	/ VICE-CHAIRMAN
	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions)
monetary value from an employer whose employees your organiza	tion represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name If any	
PO Box Bldg Room No if any	7 b Amount
Street	
City	

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)

14 b Amount of payment

13 b is the Business an Employer

State

ZIP Code + 4

or Consultant

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